



# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

**FORM C/OH  
COVER SHEET PG 2**

13 C/OH NAME Phillips, Kent (Mr.)

14 ACCOUNT # (Ethics Commission filers)  
00066333

15 NOTICE FROM POLITICAL COMMITTEE(S)

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

16 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	0.00
---	----	------

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	3,000.00
--	----	----------

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$	0.00
---	----	------

4. TOTAL POLITICAL EXPENDITURES	\$	299.55
---------------------------------	----	--------

CONTRIBUTION BALANCE

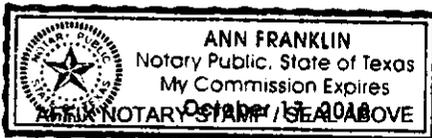
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00
--	----	------

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00
---	----	------

17 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



*[Signature]*  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Kent Phillips, this the 27th day of October, 2014, to certify which, witness my hand and seal of office.

*[Signature]*  
Signature of officer administering oath

Ann Franklin  
Print name of officer administering oath

Notary  
Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/4 Report: 3/8	
2 FILER NAME Phillips, Kent (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00066333	
4 Date  10/21/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Clothier, Stephany (Mrs.)  6 Contributor address; City; State; Zip Code 1909 Sands Dr Annapolis, MD 21409	7 Amount of contribution (\$)  \$50.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) NA		10 Employer (See Instructions) Retired	
Date  10/23/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ferris, Christopher (Mr.)  Contributor address; City; State; Zip Code 5274 Monarch Pine Ln Norcross, GA 30071	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Construction Coordinator		Employer (See Instructions) Self-Employed	
Date  10/15/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kimball, Chester (Mr.)  Contributor address; City; State; Zip Code 670 Island Way #503 Clearwater, FL 33767	Amount of contribution (\$)  \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) NA		Employer (See Instructions) Retired	
Date  10/07/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kimball, Greg (Mr.)  Contributor address; City; State; Zip Code 15 Randolph Road West Deptford, NJ 08096	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Self-Employed	
Date  10/15/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kimball, Jo-Ann (Mrs.)  Contributor address; City; State; Zip Code 670 Island Way #503 Clearwater, FL 33767	Amount of contribution (\$)  \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) NA		Employer (See Instructions) Retired	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> PAGE # Schedule: 2/4 Report: 4/8	
<b>2</b> FILER NAME Phillips, Kent (Mr.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 00066333	
<b>4</b> Date 10/12/2014	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Langbehn, Craig (Mr.)  <b>6</b> Contributor address; City; State; Zip Code 701 Tee Box Dr Griffin, GA 30223	<b>7</b> Amount of contribution (\$) \$50.00	<b>8</b> In-kind contribution description (if applicable)
<b>9</b> Principal occupation / Job title (See Instructions) NA		<b>10</b> Employer (See Instructions) Retired	
<b>4</b> Date 10/07/2014	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) O'Leary, Jeanne (Ms.)  <b>6</b> Contributor address; City; State; Zip Code 225 Providence Rd. Annapolis, MD 21409	<b>7</b> Amount of contribution (\$) \$200.00	<b>8</b> In-kind contribution description (if applicable)
<b>9</b> Principal occupation / Job title (See Instructions) Owner/Interior Designer		<b>10</b> Employer (See Instructions) Self-Employed	
<b>4</b> Date 10/07/2014	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) O'Leary, Thomas (Mr.)  <b>6</b> Contributor address; City; State; Zip Code 225 Providence Rd. Annapolis, MD 21409	<b>7</b> Amount of contribution (\$) \$200.00	<b>8</b> In-kind contribution description (if applicable)
<b>9</b> Principal occupation / Job title (See Instructions) Restaurant Owner		<b>10</b> Employer (See Instructions) Self-Employed	
<b>4</b> Date 10/18/2014	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Phillips, Curtis (Mr.)  <b>6</b> Contributor address; City; State; Zip Code 4255 Mustin Rd Jacksonville, FL 32212	<b>7</b> Amount of contribution (\$) \$350.00	<b>8</b> In-kind contribution description (if applicable)
<b>9</b> Principal occupation / Job title (See Instructions) Squadron Commanding Officer		<b>10</b> Employer (See Instructions) US Navy	
<b>4</b> Date 10/20/2014	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Phillips, George (Mr.)  <b>6</b> Contributor address; City; State; Zip Code 42 Encore Ct centerville, MD 21617	<b>7</b> Amount of contribution (\$) \$200.00	<b>8</b> In-kind contribution description (if applicable)
<b>9</b> Principal occupation / Job title (See Instructions) NA		<b>10</b> Employer (See Instructions) Retired	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		<b>1 PAGE #</b> Schedule: 3/4 Report: 5/8	
<b>2 FILER NAME</b> Phillips, Kent (Mr.)		<b>3 ACCOUNT #</b> (Ethics Commission filers) 00066333	
<b>4 Date</b>  10/09/2014	<b>5 Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Phillips, Ryan (Mr.)  <b>6 Contributor address; City; State; Zip Code</b> 7111 Enders Ave San Diego, CA 92122	<b>7 Amount of contribution (\$)</b>  \$350.00	<b>8 In-kind contribution description (if applicable)</b>     (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
<b>9 Principal occupation / Job title (See Instructions)</b> Squadron Executive Officer		<b>10 Employer (See Instructions)</b> US Navy	
<b>Date</b>  10/10/2014	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Reed, Hannah (Mrs.)  <b>Contributor address; City; State; Zip Code</b> 1613 Harmony Acres Rd Annapolis, MD 21409	<b>Amount of contribution (\$)</b>  \$50.00	<b>In-kind contribution description (if applicable)</b>     (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
IT Security Tech		US Naval Academy	
<b>Date</b>  10/25/2014	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Rorick, Jacob (Mr.)  <b>Contributor address; City; State; Zip Code</b> 6480 Mt Vernon Ln Glen Burnie, MD 21061	<b>Amount of contribution (\$)</b>  \$100.00	<b>In-kind contribution description (if applicable)</b>     (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
IT Security Tech		Signami-DCS	
<b>Date</b>  10/25/2014	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Rorick, Marilyn (Mrs.)  <b>Contributor address; City; State; Zip Code</b> 309 Grindstone Dr Arnold, MD 21012	<b>Amount of contribution (\$)</b>  \$50.00	<b>In-kind contribution description (if applicable)</b>     (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
NA		Retired	
<b>Date</b>  10/15/2014	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Rosacker, John (Mr.)  <b>Contributor address; City; State; Zip Code</b> 808 E 13th St Austin, TX 78702	<b>Amount of contribution (\$)</b>  \$350.00	<b>In-kind contribution description (if applicable)</b>     (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
Equities Trader		Great Point Capital	



**POLITICAL EXPENDITURES****SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gifts/Awards/Memorial Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

<b>1 PAGE #</b> Schedule: 1/2 Report: 7/8		<b>2 FILER NAME</b> Phillips, Kent (Mr.)		<b>3 ACCOUNT # (TEC filers)</b> 00066333	
<b>4 Date</b> 10/09/2014	<b>5 Payee name</b> CVS				
<b>6 Amount (\$)</b> \$3.24	<b>7 Payee address</b> City; State; Zip Code Austin, TX				
<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense		<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Envelopes		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 10/06/2014	<b>Payee name</b> FedEx				
<b>Amount (\$)</b> \$11.00	<b>Payee address</b> City; State; Zip Code Austin, TX				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Accounting/Banking		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> CD burning for Finance report		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 10/21/2014	<b>Payee name</b> Home Depot				
<b>Amount (\$)</b> \$38.61	<b>Payee address</b> City; State; Zip Code Austin, TX				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Printing Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Sign Posts		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 10/24/2014	<b>Payee name</b> Paypal				
<b>Amount (\$)</b> \$66.25	<b>Payee address</b> City; State; Zip Code TX				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Accounting/Banking		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> transaction fees		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:

**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES**

- |                     |                               |                                  |  |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gifts/Awards/Memorial Expense | Salaries/Wages/Contract Labor    | Loan Repayment/Reimbursement               |
| Accounting/Banking  | Legal Services                | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense         | Travel In District               | Contributions/Donations Made By            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

The INSTRUCTION GUIDE explains how to complete this form.

<b>1</b> PAGE # Schedule: 2/2 Report: 8/8	<b>2</b> FILER NAME Phillips, Kent (Mr.)	<b>3</b> ACCOUNT # (TEC filers) 00066333
--	---	---

<b>4</b> Date 10/24/2014	<b>5</b> Payee name Super Cheap Signs
-----------------------------	--

<b>6</b> Amount (\$) \$180.45	<b>7</b> Payee address City; State; Zip Code Austin, TX
----------------------------------	--

<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Additional sign printing
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:

--	--	--	--